

# Quality Council

October 8, 2014

CONNECTICUT  
HEALTHCARE  
INNOVATION PLAN



# Agenda

Introductions/Public Comments



Approval of Minutes



Guiding Principles



Selection of core measures



Next steps

# Welcome to the Quality Council

Gregory Barbiero  
*CHNCT/DSS*

Kathleen Harding  
*Community Health Center, Inc.*

Rohit Bhalla  
*Stamford Hospital*

Gigi Hunt  
*Cigna*

Aileen Broderick  
*Anthem Blue Cross Blue Shield*

Elizabeth Krause  
*Connecticut Health Foundation*

Mehul Dalal  
*Department of Public Health*

Kathy Lavorgna  
*General Surgeon*

Mark DeFrancesco  
*Westwood Women's Health*

Steve Levine  
*ENT and Allergy Associates, LLC*

Deb Dauser Forrest  
*ConnectiCare*

Robert Nardino  
*American College of Physicians – CT Chapter*

Daniela Giordano  
*NAMI Connecticut*

Donna Laliberte O'Shea  
*United Healthcare*

Karin Haberlin  
*Dept. of Mental Health & Addition Services*

Arlene Murphy  
*Consumer Advisory Board*

# Welcome to the Quality Council

Meryl Price  
*Health Policy Matters*

Jean Rexford  
*CT Center for Patient Safety*

Rebecca Santiago  
*Saint Francis Center for Health Equity*

Andrew Selinger  
*ProHealth Physicians*

Todd Varricchio  
*Aetna*

Steve Wolfson  
*Cardiology Associates of New Haven PC*

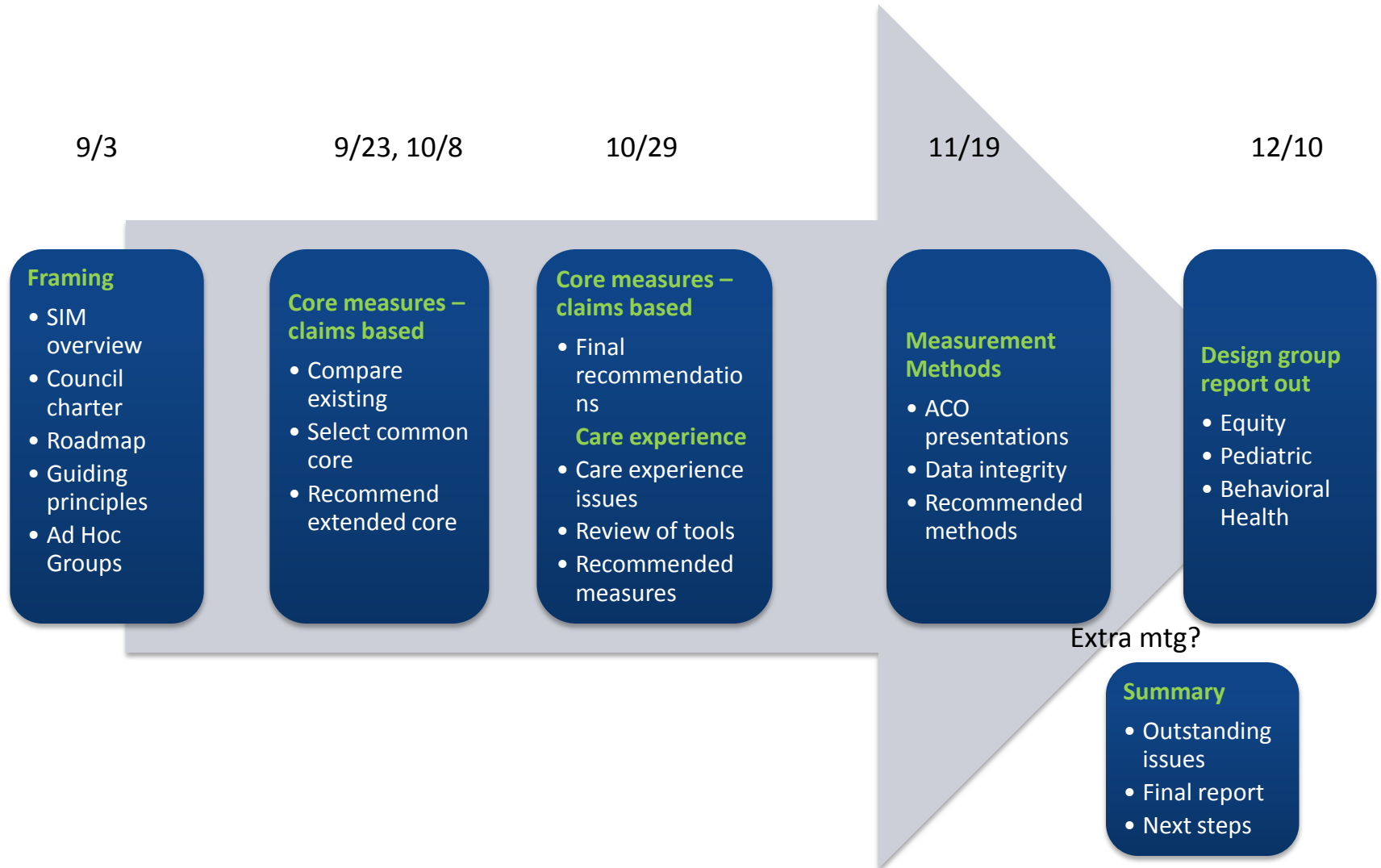
Thomas Woodruff  
*Office of the State Comptroller*

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Public  
Comments

2 minutes  
per  
comment

# Quality Council Roadmap



# Guiding Principles

Guiding Principles-aim for a small set of Principles that will illuminate choice of measures.

In support of the task of establishing a multi-payer quality measurement set for use in the administration of Shared Savings Programs, the Quality Council shall seek to:

# Guiding Principles

1. Maximize alignment with the Medicare Shared Savings Program ACO measure set.
2. Recommend additional measure elements that address the most significant health needs of Connecticut residents, the needs of non-Medicare populations (e.g., pediatrics, reproductive health), and areas of special emphasis such as behavioral health, health equity, patient safety, and care experience.
3. Wherever possible, draw from established measures such as those already established by the National Quality Forum and those that comprise the Medicaid Adult and Child Health Care Quality Measures, the Physician Quality Reporting System, CMS Meaningful Use Clinical Quality Measures, NCQA measures, and the CMMI Core Measure Set.



# Guiding Principles

4. Balance comprehensiveness and breadth with the need to prioritize and focus for the purpose of enabling effective and continuous quality improvement.
5. Promote measures and methods with the aim of maximizing impact, accuracy, validity, fairness and data integrity.
6. Promote credibility and transparency in order to maximize patient, employer, payer, and provider engagement.

# Guiding Principles

7.

- Assess the impact of race, ethnicity, language, economic status, and other important demographic and cultural characteristics important to health equity. Leverage the output of this analysis to identify potential reportable metrics for inclusion in the scorecard.
- Not sure but I think we need something else in the principle that clarifies the (clear) need of assessing impact of demographic and cultural characteristics on health equity- that clarifies the impact on WHAT? i.e. health outcomes. Also, under the 'other demographic...characteristics' we should consider housing status, as this has a crucial impact on health outcomes (and is related/part of social determinants).

# Guiding Principles

8. Recommend measures that are accessible with minimal burden to the clinical mission; should draw upon established data acquisition and analysis systems; should be both efficient and practicable with respect to what is required of payers, providers, and consumers; and should make use of improvements in data access and quality as technology evolves and become more refined and varied over time.
9. Maximize the use of clinical outcome measures and patient reported outcomes, over process measures, and measure quality at the level of the organization.
10. Use measurement to promote the concept of the Rapidly Learning Health System.

# Quality Council Meeting Schedule

